

Completing the Physical Demands Information Form

INSTRUCTION PAGE

The Physical Demands Information Form (PDIF) is a form used to gather and document specific information about the physical demands of jobs.

Completing the PDIF will help you to identify potential risk factors for injuries in a job, and may also help you discover ways to modify the job to reduce risk factors and/or accommodate an injured workers restrictions so they can return to work.

The PDIF can also help the Workplace Safety & Insurance Board (WSIB) to make benefit entitlement decisions.

The PDIF is not a complete Physical Demands Analysis. It collects key information about the physical demands of a job as they relate to a workers injury.

Who should complete the PDIF?

Ideally, the worker's immediate supervisor should complete the PDIF. The supervisor should get input from the injured worker, and/or from other people who are familiar with the physical demands of the job and the work processes involved.

The PDIF should be completed while observing the injured worker performing the job. If this is not possible, someone else who is familiar with the job should perform it. While observing the job ask about any details you require.

If the injured worker is not at work to help complete the PDIF, ask him or her to fill out a separate copy of the form. Return both copies to the WSIB.

Attach any additional information you need to describe the physical demands of the job and/or the context in which it is performed.

Choosing which sections to use

The PDIF has four sections. Complete:

- · Section 1, AND
- Section 2 OR Section 3
- AND IF NECESSARY, Section 4.

Section 1: General Job Information

This section collects information about working conditions, requirements and the objectives of the job.

Section 2: Job Duties and Physical Demands

This section asks questions about the physical demands of the job that may relate to the workers injury. It requires you to separate the job into duties (primary functions or different parts) and then describe the physical demands involved in performing those duties.

The duties of a caretakers job, for example, might be: "Sweep the floors", "Clean the windows", "Clean the washrooms", and "Collect the garbage."

If it's easier, think about dividing the job into groups of tasks with similar physical activities.

There are four different pages in Section 2. Each collects information about physical demands that affect specific areas of the body. These are: 1) Neck and Shoulder; 2) Back; 3) Elbow, Forearm, Wrist, Hand; 4) Hip, Leg, Knee, Ankle, Foot.

Use <u>only</u> the page that corresponds to the worker's injury. For example, if the worker has a neck injury, use the Neck and Shoulder page.

Each page has room for describing two duties. Use as many copies of the page as you need to capture all the duties in the job.

Section 3: General Physical Demands

This section asks questions about the overall physical demands of the job as they may relate to the worker's injury. To complete this section, you do not have to break down the job into specific duties.

There are also four different pages in this section. Each collects physical demands information in relation to specific areas of the body. Use <u>only</u> the page that corresponds to the worker's injury.

Section 4: Additional Risk Factors

This section collects information about additional factors that can contribute to injuries.

Review these additional risk factors. If any apply to the job and injury, check them off and include Section 4 with the other PDIF sections.

Should I use Section 2 or 3?

If possible, always use Section 2. Breaking down a job into duties and describing the physical demands will be more accurate. It will also make it easier for you to identify what parts of a job an injured worker can and can't do, and what parts can be modified.

It may not be practical or feasible, however, to identify and describe all of the physical demands for jobs that involve a large variety and/or number of duties. For this type of job, it may be easier to identify and describe the general physical demands for the overall job.

As a guide, if the job has more than six to eight duties, you might want to consider using Section 3.

Need help?

To help you fill out the PDIF, we have included two completed examples using the various sections of the form. If you have any further questions and/or require additional assistance, you can contact your Adjudicator, Account Manager or Customer Service Representative.



FAX: (416) 344-4684 1-888-313-7373

Physical Demands Information Form

SECTION 1: General Job Information

Please read the "Completing the Physical Demands Information Form" instruction page (attached).

Complete this form and then select a "SECTION 2" or "SECTION 3" form that applies to the worker's area of injury. To avoid delays, please complete in full, printing in black ink. Claim Number A. Worker Information Last Name First Name Injured part(s) of body (e.g. left knee) B. Job Identification **Employer Name** Title of Job Described This is a description of the: Regular Pre-injury Job Modified Pre-injury Job Other Job C. Work Conditions Describe the work environment (e.g. factory, office): Does the worker work independently or as part of a team or line? What equipment or tools are used in the job? (e.g. computer, punch press) D. Work Hours and Levels What are the regular work shifts/hours? Describe if/when the regular hours vary (e.g. rotating shifts, overtime): When are breaks scheduled? Describe any unscheduled breaks in the regular work (e.g. line jams, meetings): Describe any production quotas, required work volumes or deadlines: E. Overview of Job Briefly describe the job. Include the outcomes or main objectives of the job (i.e. the job's main purpose). If the work is not the same every day, describe how it varies. Name and Title of person completing this form: (please print) Telephone

Date (dd/mmm/yyyy)



FAX: (416) 344-4684 1-888-313-7373

Physical Demands Information Form

Please read the "Completing the Physical Demands Information Form" instruction page in SECTION 1.

SECTION 2: Job Duties and Physical Demands

NECK and SHOULDER Ensure you select the "SECTION 2" form that applies to the worker's area of injury. Claim Number To avoid delays, please complete in full, printing in black ink. **Worker Information** Last Name First Name Title of Job Described F. Job Duties and Relevant Physical Demands Use as many copies of this page as you need to detail all duties (main different parts) of the job. Write one duty in each section, and indicate ALL physical demands relating to the INJURED part of the body (e.g. left shoulder) that occur in each duty. **List the Job Duties** Indicate which of these activities occur during each duty (the main functions or different parts (check any and all that occur) of the job, e.g. "sweep; collect garbage; clean glass") Duty # **Neck Postures / Movements: Arm Postures / Movements:** Forces Exerted: Which of Indicate weight What are the positions of What are the positions of the **Duty Name** these actions or effort (e.g. light, upper arm? the neck? are performed? medium, heavy) At the side of the body (i.e. neutral) Straight (i.e. neutral) Lifting: Raised (check appropriate) Bent (check appropriate) Lowering: ☐ Forward ☐ Back ☐ To the side ☐ Forward ☐ Back ☐ To the side Holding: How long is this duty How often is this duty performed? performed each time Elbow between waist & shoulder Carrying: Turned (check appropriate) (e.g. once a day, it is done? (e.g. 1 min., 2 hrs.) Pushing: 5 times per hour) ☐ Left ☐ Right Elbow above shoulder level Pulling: How often does the neck move? How often does the upper Describe what the worker handles: (e.g. box, machine controls, mouse) arm move? times per hour OR times per hour OR Not at all (stays in the same position) Not at all (stays in the same Occasionally (no regular motion) position) Occasionally (no regular motion) Frequently (regular motion with Frequently (regular motion with pauses) pauses) Constantly (continuous motion) Constantly (continuous motion) Duty # **Neck Postures / Movements: Arm Postures / Movements:** Forces Exerted: What are the positions of What are the positions of the Which of Indicate weight **Duty Name** the neck? these actions or effort (e.g. light, upper arm? are performed? medium, heavy) Straight (i.e. neutral) At the side of the body (i.e. neutral) Lifting: Raised (check appropriate) Bent (check appropriate) Lowering: ☐ Forward ☐ Back ☐ To the side ☐ Forward ☐ Back ☐ To the side Holding: How often is this How long is this duty duty performed? performed each time Elbow between waist & shoulder Carrying: Turned (check appropriate) it is done? (e.g. once a day. Pushing: 5 times per hour) (e.g. 1 min., 2 hrs.) ☐ Left ☐ Right Elbow above shoulder level Pulling: How often does the neck move? How often does the upper Describe what the worker handles: arm move? (e.g. box, machine controls, mouse) times per hour OR times per hour OR Not at all (stays in the same Not at all (stays in the same position) position)

pauses)

Occasionally (no regular motion)

Frequently (regular motion with

Constantly (continuous motion)

Occasionally (no regular motion)

Frequently (regular motion with

Constantly (continuous motion)

pauses)

Page



FAX: (416) 344-4684 1-888-313-7373

Physical Demands Information Form

Please read the "Completing the Physical Demands

SECTION 2: Job Duties and Physical Demands

Information Form" instruction page in SECTION 1. Ensure you select the "SECTION 2" form that applies to the worker's area of injury. Claim Number To avoid delays, please complete in full, printing in black ink. **Worker Information** Last Name First Name Title of Job Described F. Job Duties and Relevant Physical Demands Use as many copies of this page as you need to detail all duties (main different parts) of the job. Write one duty in each section, and indicate ALL physical demands relating to the INJURED part of the body that occur in each duty. **List the Job Duties** Indicate which of these activities occur during each duty (the main functions or different parts of the job, e.g. "sweep; collect garbage; clean glass") (check any and all that occur) Duty# Whole-body Postures / Movements: **Back Postures / Movements:** Forces Exerted: Which of Indicate weight Indicate how long What are the What are the positions of the **Duty Name** these actions or effort (e.g. light, positions of at a time back? are performed? medium, heavy) the body? Straight (i.e. neutral) Sitting: Lifting: Bent forward: (check appropriate) Lowering: Standing: ☐ Slightly ☐ Moderately ☐ Fully Holding: How often is this How long is this duty Walking: Bent to the side duty performed? performed each time (e.g. once a day, it is done? Carrying: OR Bent backwards (i.e. extended) 5 times per hour) (e.g. 1 min., 2 hrs.) Pushing: Can alternate sitting, standing or Twisted walking as desired Pullina: How often does the back move? What are the positions of Describe what the worker handles: the hands? times per hour OR (e.g. box, machine controls, wheelchair) Between floor and waist level Not at all (stays in the same position) Between waist and shoulder Occasionally (no regular motion) Above shoulder level Frequently (regular motion with Close to the body pauses) Away from the body Constantly (continuous motion) Duty # Whole-body Postures / Movements **Back Postures / Movements:** Forces Exerted: What are the positions of the Which of Indicate weight What are the Indicate how long **Duty Name** these actions or effort (e.g. light, back? positions of at a time are performed? medium, heavy) the body? Straight (i.e. neutral) Sitting: Lifting: Bent forward: (check appropriate) Standing ☐ Slightly ☐ Moderately ☐ Fully Lowering How often is this How long is this duty Bent to the side Holding: Walking: duty performed? performed each time OR Bent backwards (i.e. extended) (e.g. once a day, it is done? Carrying: 5 times per hour) (e.g. 1 min., 2 hrs.) Can alternate sitting, standing or Twisted Pushina: walking as desired How often does the back move? Pulling: What are the positions of the hands? times per hour OR Describe what the worker handles: (e.g. box, machine controls, Between floor and waist level Not at all (stays in the same wheelchair) position) Between waist and shoulder level Occasionally (no regular motion) Above shoulder level

Frequently (regular motion with

Constantly (continuous motion)

pauses)

Close to the body

Away from the body



(e.g. once a day,

5 times per hour)

it is done?

(e.g. 1 min., 2 hrs.)

Mail to: 200 Front Street West Toronto ON M5V 3J1

FAX: (416) 344-4684 1-888-313-7373

Physical Demands Information Form

Please read the "Completing the Physical Demands

SECTION 2: Job Duties and Physical Demands

Information Form" instruction page in SECTION 1. ELBOW, FOREARM, WRIST, HAND Ensure you select the "SECTION 2" form that applies to the worker's area of injury.
To avoid delays, please complete in full, printing in black ink. Claim Number Worker Information Title of Job Described First Name Last Name F. Job Duties and Relevant Physical Demands Use as many copies of this page as you need to detail all duties (main different parts) of the job. Write one duty in each section, and indicate ALL physical demands relating to the INJURED part of the body (e.g. right wrist) that occur in each duty. **List the Job Duties** Indicate which of these activities occur during each duty (the main functions or different parts (check any and all that occur) of the job, e.g. "sweep; collect garbage; clean glass") Duty # Wrist & Hand **Elbow & Forearm** Forces Exerted: Postures / Movements: Postures / Movements: **Duty Name** What are the positions of What are the positions of Which of Indicate weight the elbow? the wrist? these actions or effort (e.g. light, are performed? medium, heavy) Straight (i.e. neutral) Straight (i.e. neutral) Gripping: Bent (check appropriate) Bent forward (flexed) Pinching: Less than 90° 90° More than 90° How often is this How long is this duty Bent backward (extended) Pushing What are the positions of duty performed? performed each time (palm): the forearm? (e.g. once a day, it is done? Bent to the side:(check appropriate) Pushing 5 times per hour) (e.g. 1 min., 2 hrs.) Palm facing: Up Down (fingers): ☐ Thumb side ☐ Little finger side Thumb pointing: Up Down Pulling: How often does the elbow How often does the wrist move? Fine finger and/or forearm move? activity: times per hour OR times per hour OR Describe what the worker handles: (e.g. box, machine controls, mouse) Not at all (stays in the same Not at all (stays in the same position) position) Occasionally (no regular motion) Occasionally (no regular motion) Frequently (regular motion with Frequently (regular motion with pauses) pauses) Constantly (continuous motion) Constantly (continuous motion) Duty # Wrist & Hand Elbow & Forearm Forces Exerted: Postures / Movements: Postures / Movements: **Duty Name** What are the positions of What are the positions of Which of Indicate weight the elbow? the wrist? these actions or effort (e.g. light, are performed? medium, heavy) Straight (i.e. neutral) Straight (i.e. neutral) Gripping: Bent (check appropriate) Bent forward (flexed) Pinchina: Less than 90° 90° More than 90° How often is this Bent backward (extended) How long is this duty Pushing duty performed? performed each time

Please submit this with a completed "SECTION 1: General Job Information" form. When you have completed the Physical Demands Information Forms, please number all of your pages. 2830A3 (05/04)

What are the positions of

Up Down

times per hour OR

the forearm?

Thumb pointing: Up Down

How often does the elbow

and/or forearm move?

Occasionally (no regular motion)

Frequently (regular motion with

Constantly (continuous motion)

Not at all (stays in the same

Palm facing:

position)

pauses)

Describe what the worker handles:

(e.g. box, machine controls, mouse)

(palm):

Pushing

(fingers)

Fine finger

activity:

Pulling:

Bent to the side:(check appropriate)

☐ Thumb side ☐ Little finger side

How often does the wrist move?

Not at all (stays in the same

Occasionally (no regular motion)

Frequently (regular motion with

Constantly (continuous motion)

position)

pauses)

times per hour OR



FAX: (416) 344-4684 1-888-313-7373

Physical Demands Information Form

Please read the "Completing the Physical Demands Information Form" instruction page in SECTION 1.

SECTION 2: Job Duties and Physical Demands HIP, LEG, KNEE, ANKLE, FOOT

Ensure you select the "SECTION 2" form that applies to the worker's area of injury. Claim Number To avoid delays, please complete in full, printing in black ink. Worker Information Last Name First Name Title of Job Described F. Job Duties and Relevant Physical Demands Use as many copies of this page as you need to detail all duties (main different parts) of the job. Write one duty in each section, and indicate ALL physical demands relating to the INJURED part of the body (e.g. left knee) that occur in each duty. List the Job Duties Indicate which of these activities occur during each duty (the main functions or different parts (check any and all that occur) of the job, e.g. "sweep; collect garbage; clean glass") Duty # Whole-body Postures / Movements: **Lower Limb Postures / Movements:** Forces Exerted: Which of Indicate weight What are the Indicate how long Which of these actions **Duty Name** these actions or effort (e.g. light, positions of at a time are performed? are performed? medium, heavy) the body? Squatting Bending Lifting: Sitting: __ Kneeling Lowering: Climbing stairs Standing: Holding: How often is this How long is this duty Pivoting Climbing ladders duty performed? performed each time Walking: Carrying: (e.g. once a day, it is done? (e.g. 1 min., 2 hrs.) Operating pedals Jumping Pushing: 5 times per hour) OR Pulling: Can alternate sitting, standing How often does the or walking as desired leg and/or foot move? Describe what the worker handles: times per hour OR If standing/walking, or what (e.g. box, machine controls, wheelchair) kinds of surfaces Not at all (stays in the same Concrete or other hard surface position) Occasionally (no regular motion) Carpet or matting Frequently (regular motion with Uneven surface pauses) Constantly (continuous motion) Wet or slippery surface Duty # Whole-body Postures / Movements: **Lower Limb Postures / Movements:** Forces Exerted: Which of What are the Indicate how long Which of these actions Indicate weight **Duty Name** are performed? these actions or effort (e.g. light, positions of at a time are performed? medium, heavy) the body? Squatting Bending Lifting: Sitting: Climbing stairs Kneeling Lowering: Standing: Holding: Climbing ladders Pivoting How often is this How long is this duty performed each time Walking: duty performed? Carrying: (e.g. once a day, it is done? Operating pedals Jumping OR 5 times per hour) Pushing: (e.g. 1 min., 2 hrs.) How often does the Can alternate sitting, standing Pulling: leg and/or foot move? or walking as desired Describe what the worker handles: times per hour OR If standing/walking, or what (e.g. box, machine controls, kinds of surfaces wheelchair) Not at all (stays in the same position) Concrete or other hard surface Occasionally (no regular motion) Carpet or matting Frequently (regular motion with Uneven surface pauses) Constantly (continuous motion) Wet or slippery surface

Page



FAX: (416) 344-4684 1-888-313-7373

Physical Demands Information Form

SECTION 3: General Physical Demands

NECK and SHOULDER

Please read the "Completing the Physical Demands Information Form" instruction page in SECTON 1.

Ensure you select the "SECTION 3" form that applies to the worker's area of injury. Claim Number To avoid delays, please complete in full, printing in black ink. **Worker Information** Title of Job Described Last Name First Name F. Relevant Physical Demands Indicate ALL the physical demands relating to the INJURED part of the body (e.g. right shoulder) that occur in this job. Indicate which of these activities occur in the job (check any and all that occur): **Neck Postures / Movements: Arm Postures / Movements:** Forces Exerted: Indicate weight What are the positions of the neck? What are the positions of the upper arm? Which of these actions or effort (e.g. light, are performed? medium, heavy) Straight (i.e. neutral) At the side of the body (i.e. neutral) Raised (check appropriate) Bent (check appropriate) Lifting: Forward Back To the side Forward Back To the side Lowering: Elbow between waist & shoulder level Turned (check appropriate) Holding: Left Right Elbow above shoulder level Carrying: How often does the neck move? How often does the upper arm move? Pushing: times per hour OR times per hour OR Pulling: Not at all (stays in the same position) Not at all (stays in the same position) Describe what the worker handles: (e.g. box, machine controls, mouse) Occasionally (no regular motion) Occasionally (no regular motion) Frequently (regular motion with pauses) Frequently (regular motion with pauses) Constantly (continuous motion) Constantly (continuous motion)

G. Additional Information

Provide any other information about the job that you think will help the WSIB understand the physical demands relevant to the injured body area.



FAX: (416) 344-4684 1-888-313-7373

Physical Demands Information Form

SECTION 3: General Physical Demands
BACK

Please read the "Completing the Physical Demands Information Form" instruction page in SECTION 1.

Ensure you select the "SECTION 3" form that applies to the worker's area of injury. Claim Number To avoid delays, please complete in full, printing in black ink. **Worker Information** Last Name First Name Title of Job Described F. Relevant Physical Demands Indicate ALL the physical demands relating to the INJURED part of the body that occur in this job. Indicate which of these activities occur in the job (check any and all that occur): Whole-Body Postures / Movements: **Back Postures / Movements:** Forces Exerted: Indicate how long What are the positions of the back? Which of Indicate weight What are the these actions positions of the body? at a time or effort (e.g. light, are performed? medium, heavy) Straight (i.e. neutral) Sitting: Bent forward (check appropriate) Lifting: Standing: Slightly Moderately Fully Walking: Lowering: Bent to the side OR Holding: Bent backwards (i.e. extended) Can alternate sitting, standing or walking Twisted Carrying: How often does the back move? Pushing: What are the positions of the hands? Pulling: times per hour OR Between floor and waist level Describe what the worker handles: Between waist and shoulder level Not at all (stays in the same position) (e.g. box, machine controls, wheelchair) Above shoulder level Occasionally (no regular motion) Close to the body Frequently (regular motion with pauses) Away from the body Constantly (continuous motion) G. Additional Information Provide any other information about the job that you think will help the WSIB understand the physical demands relevant to the injured body area.



FAX: (416) 344-4684 1-888-313-7373

Physical Demands Information Form

Please read the "Completing the Physical Demands Information Form" instruction page in Section 1.

SECTION 3: General Physical Demands for ELBOW, FOREARM, WRIST, HAND

Ensure you select the "SECTION 3" form that applies to the worker's area of injury. Claim Number To avoid delays, please complete in full, printing in black ink. **Worker Information** Title of Job Described Last Name First Name F. Relevant Physical Demands Indicate ALL the physical demands relating to the INJURED part of the body (e.g. right wrist) that occur in this job. Indicate which of these activities occur in the job (check any and all that occur): Elbow & Forearm-Body Postures / Movements: Wrist & Hand Postures / Movements: Forces Exerted: Indicate weight What are the positions of the elbow? What are the positions of the wrist? Which of or effort (e.g. light, these actions are performed? medium, heavy) Straight Straight (i.e. neutral) Bent (check degrees) Bent forward (flexed) Gripping: Less than 90° 90° More than 90° Pinching: Bent backwards (extended) What are the positions of the forearm? Pushing (palm): Bent to the side (check appropriate) Up Down Palm facing: ___ Thumb side Pushing (fingers): Little finger side Thumb pointing: Pulling: How often do the elbow &/ or forearm move? How often does the wrist move? Fine finger activity: times per hour OR times per hour OR Describe what the worker handles: (e.g. box, machine controls, mouse) Not at all (stays in the same position) Not at all (stays in the same position) Occasionally (no regular motion) Occasionally (no regular motion) Frequently (regular motion with pauses) Frequently (regular motion with pauses) Constantly (continuous motion) Constantly (continuous motion)

G. Additional Information

Provide any other information about the job that you think will help the WSIB understand the physical demands relevant to the injured body area.



FAX: (416) 344-4684 1-888-313-7373

Physical Demands Information Form

SECTION 3: General Physical Demands HIP, LEG, KNEE, ANKLE, FOOT

Please read the "Completing the Physical Demands Information Form" instruction page in SECTION 1.

Ensure you select the "SECTION 3" form that applies to the worker's area of injury. Claim Number To avoid delays, please complete in full, printing in black ink. **Worker Information** Title of Job Described Last Name First Name F. Relevant Physical Demands Indicate ALL the physical demands relating to the INJURED part of the body (e.g. right ankle) that occur in this job. Indicate which of these activities occur in the job (check any and all that occur): **Lower Limb Postures / Movements:** Whole-Body Postures / Movements: Forces Exerted: Indicate weight or effort (e.g. light, Indicate how long What are the Which of positions of the body? at a time Which of these actions are performed? these actions are performed? medium, heavy) Sitting: Squatting Bending Lifting: Standing: Climbing stairs Kneeling Lowering: Walking: Climbing ladders Pivoting | Holding: OR Operating pedals Jumping Carrying: Can alternate sitting, standing or walking as desired Pushing: How often does the leg and/or foot move? If standing/walking, or what kind of surfaces? Pulling: times per hour OR Concrete or other hard surface Describe what the worker handles: (e.g. box, machine controls, wheelchair) Not at all (stays in the same position) Carpet or matting Occasionally (no regular motion) Uneven surface Frequently (regular motion with pauses) Wet or slippery surface Constantly (continuous motion)

_	Additio		c	4:
	Addition	naı ın	torma	tian

Provide any other information about the job that you think will help the WSIB understand the physical demands relevant to the injured body area.

FAX: (416) 344-4684 1-888-313-7373

Physical Demands Information Form

SECTION 4: Additional Considerations for Injury Risk

Claim Number To avoid delays, please complete in full, printing in black ink. A. Worker Information Last Name First Name B. Additional Considerations for Injury Risk The forms that make up the Physical Demands Information Form (PDIF) capture common physical demands and aspects of injury risk. However, there are other physical demands and factors in jobs that may contribute to injuries but may not be captured on the PDIF forms. Review the following list. If any of these factors apply to the area of the body that is injured and the job you have described in the PDIF, check them off and include this page with the other forms. **BACK** ELBOW, FOREARM, WRIST, HAND Movement of the elbow and/or wrist while Whole-body vibration (e.g. on a vibrating exerting force with the hand (e.g. turning a stiff machine platform or a vehicle driven over uneven surfaces) knob, reaching with a load in the hands) Forceful exertions soon after periods of sitting Non-neutral positions of the wrist and/or forearm or bending (e.g. lifting, pushing, pulling) while pinching or exerting force with the hand Working in a cold environment (e.g. using a hand tool in an awkward position) Lifting or carrying uneven loads (e.g. heavier on Exposure to local vibration (e.g. pneumatic tool, one side then the other, oddly shaped) motorized equipment such as a lawn mower) Contact stress (e.g. the arm or wrist pressing **SHOULDER** against the edge of a table, a tool pressing into Rotational movements at the shoulder, the hand) particularly if repetitive or forceful (e.g. tossing a Banging or striking with the hand part into a bin to the side, throwing garbage bags Repetitive and/or forceful finger movements into a garbage truck) (e.g. keyboarding, operating a trigger control) Elevation of the shoulders (e.g. if keyboard or working height is too high) Wearing thick or loose-fitting gloves (which can decrease touch sensitivity and dexterity and Sudden forceful movements or jerking forces increase pinch or grip force) (e.g. pulling/jerking a cart to start it moving) Working in a cold environment Exerting high forces with the hands far from the Handling cold objects Handling wet objects Rapid repeated movements of the arm at the shoulder Handling awkwardly shaped objects requiring a Working in a cold environment or draft wide grip or only allowing use of a few fingers **NECK LOWER LIMB** Sustained head-tilting or turning to look at Footwear that is flat or unsupportive, too stiff or displays or parts (e.g. computer monitor, parts heavy, not cushioned, or slippery on assembly bench) *Consider the effect of Using the knee as a hammer (e.g. carpet layers) glasses/bifocals, glare, protective eye/head Bumping knees on equipment or furniture (e.g. under a desk) Extreme neck movements (e.g. looking behind the body when backing up a vehicle) Bracing knees against equipment/machinery (e.g. when doing extended reaching) Elevation of the shoulders (e.g. if keyboard or working height is too high) Extended reaching forward with the legs straight, resulting in hyper-extension forces on the knee(s) Exerting high forces with the hands with the (e.g. when reaching into a car engine) neck bent or turned Working in a cold environment or draft Working with awkward or twisted knee or foot positions (e.g. sitting at a work surface without adequate clearance for the legs underneath)

of